

**NEW EMPLOYEE
PERSONNEL INFORMATION SHEET**

EMPLOYEE:

NAME: _____ SSN: _____

TECHNICIAN START DATE: _____

ADDRESS: _____
(Street, City, State & Zip Code)

HOME PHONE (with area code): _____

ALT PHONE (with area code): _____

EMAIL ADDRESS: _____

AKO/WORK EMAIL ADDRESS: _____

NEXT OF KIN/EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____
(Street, City, State & Zip Code – If Known, if not, city & state)

HOME PHONE (with area code): _____

ALT PHONE (with area code): _____